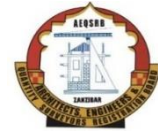




THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR
ARCHITECTS, ENGINEERS AND QUANTITY SURVEYORS
REGISTRATION BOARD



MEDICAL EXAMINATION FORM

TO BE COMPLETED BY MEDICAL OFFICER

FULL NAME OF TRAINEE:.....

SEX: MALE/FEMALE:.....

HB TEST:.....

STOOL:.....

URINE MIRCO:.....

T.B TEST:.....

EYE EXAMINATION:.....

E.N.T:.....

CHEST:.....

CHEST X-RAY:.....

ABDOMEN:.....

ADDITIONAL INFORMATION

Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

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.....
.....
.....

I certify that I have examined the above Trainee and consider that he/she is physically /not physically fit for training.

.....
NAME & SIGNATURE

DATE:

.....
DESIGNATION & STAMP

DATE:

NB: Put in a sealed envelope and sign behind.